

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101574626

FILING DATE

3-31-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			2			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15		1				
16			1	-		
17			1	-		
18			1	-		
19			1	-		
20			1	-		
21			1	-		
22			1	-		
23			1	-		
24			1	-		
25			1	-		
26			1	-		
27			1	-		
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			13			
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						